U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FOR** 

CONTINUED EXAMINATION (RCE)

TRANSMITTAD (PE

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



10/697,695	**
Oct. 31, 2003	TAX
Benjamin, IV	
2857	
West, Jeffrey R.	
839-1247	
	Oct. 31, 2003 Benjamin, IV 2857 West, Jeffrey R.

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.	Su	bmi	ssion req	uired ur	nder 37	C.F.R.	1.114		•										
	a. b.	i. ii. iii. iii. iv.	☐ Con: ☐ Other Enclosed ☐ Affid	loes not wont(s). sider the sider the er d endment avit(s)/E	e amer e argur Reply Declara	nve previou dment(s) nents in t	sly filed ( )/reply ( the App	unentere under peal Br	ed amer 37 C.F	ndment F.R. §	(s) enter	ed, app previo	olican ously usly	t must re	equest non	on-ent	etructs or ry of su		
2.	М		ellaneous					·				•							
	а.		Suspens	ion of a		n the abo													ed)
3.	Fe	es	S The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.																
्र इ.स.	a. b.		Applican Fees are RCE Petit Othe Check ir Paymen The Dire herewith	e attache e attache fee requion is mer n the am t by cred	s "smalled as of puired to adde to dit card	entity" s alculated inder 37 extend to  f \$ (credit cauthorize	tatus. I below C.F.R. he due ard pay	: § 1.17 date d yment parge a	(e) one mo enclo form a	onths osed. attach	(less ed) in t	\$790. he am	00 (mon	1801)/ ths pre at of \$ 9 led or v	eviousl 910.00 which	y paid	d)	\$ 1 \$ e be	
				· <u>.</u>	810	NATUDE	OE ARI	DI ICAI	NT AT	TODA	EV OF	ACE	NT C	EOUE	)ED				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED  Name (Print Type) Robert A. Molan Registration No. (Attorney) 29,834																			
Name (Print Type) Robert A. Mola Signature Pollut A. Mola					iol	dv	_	Registra Date			orney/Ager mber 2	11/				-			
CERTIFICATE OF MAILING OR TRANSMISSION																			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:																			
^	Vam	e (P	rint Type)																

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, Box RCE, P.O. Box 1450, Alexandria, VA 22313-1450,

Date

Signature